

U.S. Department of Justice

United States Marshals Service
Southern District of Ohio

85 Marconi Blvd., Room 460
Columbus, OH 43215-2835

Official Business
Penalty for Private Use \$300



7020 1810 0000 2381 4454

Return to sender
Not at this address

\$9.89
US POSTAGE
FIRST-CLASS
062S001139695
FROM 43215

2022 DEC -7 AM 11:27

COLUMBUS, OHIO

CULLEN JACKSON
1602 W. BROAD ST
COLUMBUS, OH 43223

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jackson
0328



9590 9402 6750 1074 4073 59

2. Article Number (Transfer from service label)

7020 1810 0000 2381 4454

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (00)

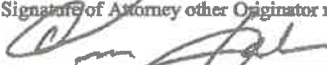

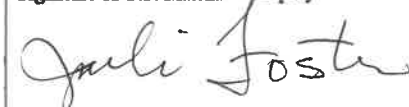
Domestic Return Receipt



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Timothy Gales		COURT CASE NUMBER 2:21-cv-328	
DEFENDANT Colleen Jackson		TYPE OF PROCESS COMPLAINT/B. Inmate	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN OHIO ATTORNEY GENERAL DAVE YOST		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 30 E. Broad Street Col, Ohio 43215		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timothy Gales 710 Glensower Columbus, Ohio 43207		Number of process to be served with this Form 285 01 Number of parties to be served in this case 11 Check for service on U.S.A. <input type="checkbox"/>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): OHIO ATTORNEY GENERAL MON-FRI 8am 5pm 614-466-8946			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346 DATE 12/7/22
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61 Signature of Authorized USMS Deputy or Clerk 
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 12/7/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)		
REMARKS Rtn to sender			